

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Muhlenberg*

Vet. Pot. *South Carrollton*

Ino. Town *South Carrollton*

City (No. St., Ward)

Registration District No. *214*

Primary Registration District No. *2492*

File No. *11452*

Registered No. *11452*

[If death occurred in a hospital or institution, give its NAME (instead of street and number.)

2 FULL NAME *Septimus Theodore Taylor*

DELAY

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH *October 12, 1840*
(Month) (Day) (Year)

7 AGE *74 yrs. 5 mos. 14 ds.* IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *South Carrollton, Ky.*

10 NAME OF FATHER *Silas Taylor*

11 BIRTHPLACE OF FATHER (State or country) *Virginia, La Fayette*

12 MAIDEN NAME OF MOTHER *Mary Ellen Tyler*

13 BIRTHPLACE OF MOTHER (State or country) *South Carolina, 1842, Muhlenberg, Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Reynold L. Rowan*
(Address) *South Carrollton, Ky.*

15 Filed *3/27, 1915* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 26, 1915*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *March 26, 1914*, to *March 26, 1915*, that I last saw him alive on *March 26, 1915*, and that death occurred on the date stated above at *5 P.M.* The CAUSE OF DEATH* was as follows:

Organic heart disease - Aortic Regurgitation -
(Duration) *1* yrs. mos. ds.

Contributory *Age*
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) *S. T. Taylor*, M. D.
March 26, 1915 Address *Central City, Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *South Carrollton Ky* DATE OF BURIAL *3/27, 1915*

20 UNDERTAKER *U. G. Hockett* ADDRESS *Carrollton*

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.